Indiana State Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

Indiana Outpatient Influenza-like Illness Surveillance Network (ILINet)
Enrollment Form

Name of Health Care Facility: _____

Facility Type:

□ Emergency Medicine	□ Internal Medicine	□ Student Health
□ Family Practice	□ OB/GYN	□ Urgent Care
□ Infectious Disease	□ Pediatrician	□ Other

Mailing Address: _____

_____

Physical Address: _____

_____

County of Practice: _____

Facility Phone #: ( ) _____

Facility FAX #: ( ) _____

Primary Contact Person: _____

Primary Contact Person Phone #: _____

Primary Contact Email address: _____

Additional Contact Person: _____

Please FAX completed form to the Epidemiology Resource Center: 317-234-2812